

Case Number:	CM14-0070075		
Date Assigned:	07/14/2014	Date of Injury:	12/17/2012
Decision Date:	08/26/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old male who reported an injury on 12/17/12; the mechanism of injury was not provided for review. The injured worker was diagnosed with right knee fracture upper end tibia-closed, and right shoulder joint pain. Prior treatments included physical therapy. The injured worker underwent open reduction internal fixation to the right knee on 12/19/12. During physical therapy on 4/9/14, the injured worker reported pain rated 4/10 to the right knee and shoulder. The injured worker stated that sudden movements, unexpected steps, and ascending and descending stairs affected the level of pain to his knee. The injured worker noted his overall condition was improving. The physician noted that on 3/24/14, the injured worker had minimal medial and lateral joint tenderness. The injured worker had a negative anterior drawer, posterior drawer, and Lachman. There was some lateral compartment osteoarthritis and ACL disruption. On 4/17/14 the physician noted the right knee had -3 degrees of extension and 115 degrees of flexion. There was joint line tenderness medially and laterally. The physician has used physical therapy treatments in the past and wished to continue to do so post surgically.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy for right knee; two (2) a week for six(6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines allow for the fading of physical therapy treatment frequency from up to 3 visits per week to 1 or less, along with the addition of active self-directed home physical medicine. Guidelines recommend 8-10 visits over 4 weeks. The injured worker has been participating in physical therapy. The injured worker continues a self-directed home physical medicine program. Extension increased from 0 to negative 3 degrees. The injured worker received 22 sessions of physical therapy with worse pain remaining at 6/10. Therapists noted improvement with range of motion and strength, however the injured worker was not able to perform higher strength exercises. The request for 2 sessions per week for 6 weeks exceeds the guideline recommendations. A recent, adequate and complete pain assessment is not provided within the medical records to demonstrate the need for further physical therapy. As such, the request is non-certified.